

California e-file Program Participant Enrollment Form

1	Application type	<input type="checkbox"/> New	<input type="checkbox"/> Update	<input type="checkbox"/> Reinstate
2	Participant name	Name of sole proprietor, partnership, or corporation, as shown on tax return		
Doing business as, if different from above				
3	Identification numbers	EFIN <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
		Social Security Number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
		ETIN <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
4	Participant address (Physical address)	Street		
		City	State	ZIP Code
(Mailing address, if different from physical address)		Street		
		City	State	ZIP Code
5	Contact information (Primary FTB contact)	First name	Middle initial	Last name
		Phone	Fax	
		Email		
6	About the participant (e.g., business owner or responsible official)	<input type="checkbox"/> Certified Public Accountant # _____		
		<input type="checkbox"/> Enrolled Agent # _____		
		<input type="checkbox"/> Attorney		
		<input type="checkbox"/> CTEC # _____, surety bonding company _____		
		<input type="checkbox"/> Other, specify _____		
7	About the participant's business (Check one)	<input type="checkbox"/> Sole proprietorship		
		<input type="checkbox"/> Partnership, enter number of partners _____		
		<input type="checkbox"/> Corporation, enter corporation number _____		
		<input type="checkbox"/> Non-profit tax preparation service; Volunteer Income Tax Assistance (VITA); or Tax Counseling for the Elderly (TCE)		
		<input type="checkbox"/> Out-of-State		
		<input type="checkbox"/> Other, specify _____		
8	Participant type (Check all that apply)	<input type="checkbox"/> Electronic Return Originator		
		<input type="checkbox"/> Transmitter		
		<input type="checkbox"/> Software Developer		

Submit your application	Fax: (916) 845-0287	For more information	Email: e-file@ftb.ca.gov
	Mail: e-file Program MS A-1 Franchise Tax Board PO Box 1468 Sacramento, CA 95812-1468		Phone: (916) 845-0353 Web: www.ftb.ca.gov

California e-file Program Enrollment Form Guidelines

General Information	<p>Use this form to enroll as a participant in California's e-file Program.</p> <p>California operates its own e-file program, independent of the federal program. We closely follow the federal e-file Program procedures in administering our program.</p>
Joining the Program	<p>All applicants must be currently accepted in the IRS e-file Program and have an electronic filer identification number (EFIN) or an electronic transmitter identification number (ETIN). To enroll in the California e-file Program, simply complete Side 1 and submit the form. In addition:</p> <ul style="list-style-type: none">• Electronic Return Originator (ERO) and transmitters must pass our suitability test.• Software developers and transmitters must pass a software acceptance test.
Participant Types	<ul style="list-style-type: none">• EROs – EROs prepare electronic tax returns for their clients using approved e-file software.• Transmitter – Transmitters submit electronic tax return data directly to the FTB. Check your e-file software to see if you transmit directly or through a third party.• Software Developer – Software developers write and distribute e-file software that can be used by tax preparers or individual taxpayers.
Participation Requirements	<p>All applicants must comply with the requirements and specifications in FTB Pub. 1345, <i>e-file Handbook for Authorized e-file Providers of California Individual Income Tax Returns</i>, and FTB Pub. 1345A, <i>e-file Handbook Supplement</i>.</p>
When to Apply	<p>We accept e-file applications year-round. You do not need to reapply each year, as long as you e-file at least one return. Please send us an updated enrollment form if any important information changes.</p>
Identification Numbers	<p>EFIN (all applicants)</p> <ul style="list-style-type: none">• If you have not received an EFIN, please wait until after you receive your EFIN to submit this form.• If you have multiple EFINs, enter the one you will use to e-file California tax returns (usually the EFIN you use to file federal returns to the Ogden Processing Center). <p>Social Security Number (all applicants)</p> <p>Provide the number that is associated with the IRS EFIN you provided above.</p> <p>ETIN (transmitters and software developers only)</p> <p>Provide the five-digit ETIN issued to you by the IRS.</p> <ul style="list-style-type: none">• If you have not received an ETIN, please wait until after you receive your ETIN to submit this form.• If you have multiple ETINs, enter the one you will use to e-file California tax returns (usually the ETIN you use to transmit federal returns to the Ogden Processing Center).
ERO Locator Service	<p>We provide an ERO Locator Service on our Website that helps taxpayers find participating EROs by the ZIP Code or city they specify. All EROs in good standing with FTB's e-file Program are included in this service. If you do not wish to be included, please contact us at e-file@ftb.ca.gov or (916) 845-0353.</p>
Prevent, Detect Fraud	<p>Program participants play an important role in assuring the integrity of e-filed returns. Please follow the guidelines in FTB Pub. 1345 to help us prevent and detect fraud.</p>